

PHASE 1	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
1	<input type="checkbox"/> WORKOUT A	<input type="checkbox"/> MOBILITY & FLEXIBILITY	<input type="checkbox"/> WORKOUT B	<input type="checkbox"/> MOBILITY & FLEXIBILITY	<input type="checkbox"/> WORKOUT A	<input type="checkbox"/> OFF DAY	<input type="checkbox"/> OFF DAY
2	<input type="checkbox"/> WORKOUT B	<input type="checkbox"/> MOBILITY & FLEXIBILITY	<input type="checkbox"/> WORKOUT A	<input type="checkbox"/> MOBILITY & FLEXIBILITY	<input type="checkbox"/> WORKOUT B	<input type="checkbox"/> OFF DAY	<input type="checkbox"/> OFF DAY
3	<input type="checkbox"/> WORKOUT A	<input type="checkbox"/> MOBILITY & FLEXIBILITY	<input type="checkbox"/> WORKOUT B	<input type="checkbox"/> MOBILITY & FLEXIBILITY	<input type="checkbox"/> WORKOUT A	<input type="checkbox"/> OFF DAY	<input type="checkbox"/> OFF DAY
4	<input type="checkbox"/> WORKOUT B	<input type="checkbox"/> MOBILITY & FLEXIBILITY	<input type="checkbox"/> WORKOUT A	<input type="checkbox"/> MOBILITY & FLEXIBILITY	<input type="checkbox"/> WORKOUT B	<input type="checkbox"/> OFF DAY	<input type="checkbox"/> OFF DAY
PHASE 2	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
5	<input type="checkbox"/> WORKOUT C	<input type="checkbox"/> MOBILITY & FLEXIBILITY	<input type="checkbox"/> WORKOUT D	<input type="checkbox"/> MOBILITY & FLEXIBILITY	<input type="checkbox"/> WORKOUT C	<input type="checkbox"/> OFF DAY	<input type="checkbox"/> OFF DAY
6	<input type="checkbox"/> WORKOUT D	<input type="checkbox"/> MOBILITY & FLEXIBILITY	<input type="checkbox"/> WORKOUT C	<input type="checkbox"/> MOBILITY & FLEXIBILITY	<input type="checkbox"/> WORKOUT D	<input type="checkbox"/> OFF DAY	<input type="checkbox"/> OFF DAY
7	<input type="checkbox"/> WORKOUT C	<input type="checkbox"/> MOBILITY & FLEXIBILITY	<input type="checkbox"/> WORKOUT D	<input type="checkbox"/> MOBILITY & FLEXIBILITY	<input type="checkbox"/> WORKOUT C	<input type="checkbox"/> OFF DAY	<input type="checkbox"/> OFF DAY
8	<input type="checkbox"/> WORKOUT D	<input type="checkbox"/> MOBILITY & FLEXIBILITY	<input type="checkbox"/> WORKOUT C	<input type="checkbox"/> MOBILITY & FLEXIBILITY	<input type="checkbox"/> WORKOUT D	<input type="checkbox"/> OFF DAY	<input type="checkbox"/> OFF DAY



CONSULT YOUR PHYSICIAN AND FOLLOW ALL SAFETY INSTRUCTIONS BEFORE BEGINNING THIS HIGH INTENSITY AND PHYSICALLY DEMANDING EXERCISE PROGRAM AND NUTRITION PLAN.

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